

**TITLE 450**  
**CHAPTER 16. STANDARDS AND CRITERIA FOR COMMUNITY RESIDENTIAL**  
**MENTAL HEALTH FACILITIES**

**SUBCHAPTER 1. GENERAL PROVISIONS**

**450:16-1-2. Definitions**

The following words or terms when used in this chapter shall have the following meaning, unless the context clearly indicates otherwise:

**"Abuse"** means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a caretaker responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish; sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a caretaker responsible for providing these services to a resident.

**"ADL"** means activities of daily living.

**"Administrator"** means the person who is in charge of a community residential mental health facility and who devotes at least one-third (1/3) of his or her full working time to on-the-job supervision of the community residential mental health facility.

**"Adults who have a serious mental illness"** are persons eighteen (18) years of age or older who meet the following criteria:

(A) Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV with the exception of "V" codes, substance abuse disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; AND

(B) Based on a client assessment scale, has at least moderate to severe impairment in the following areas:

- (i) Feeling, mood and affect,
- (ii) Thinking,
- (iii) Family relationships,
- (iv) Interpersonal skills,
- (v) Role performance,
- (vi) Socio-legal, or
- (vii) Self care/basic needs.

**"Clubhouse"** means a psychiatric rehabilitation program currently certified as a Clubhouse through the International Center for Clubhouse Development (ICCD).

**"CMHC"** means community mental health center.

**"Continuity of care agreements"** means an agreement between the community residential mental health facility and providers of critical and comprehensive community based behavioral health services, including but not limited to a provider of inpatient behavioral health care and a local provider of community-based behavioral health services. Continuity of care agreements shall specify the responsibility of each entity related to assuring continuous and coordinated care on behalf the residents.

**"Co-occurring disorder"** means any combination of mental health and substance

abuse symptoms or diagnosis in a resident.

**"Corporal punishment"** means any physical punishment including, but not limited to punching, slapping, kicking, spanking, or whipping.

**"Crisis stabilization"** means emergency, psychiatric, and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment, and, if needed, referral to an ODMHSAS certified facility having nursing and medical support available.

**"Critical incident"** means an occurrence or set of events inconsistent with the routine operation of the community residential mental health facility or the routine care of a resident. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries to residents, staff and visitors; medication errors; residents that are absent without leave (AWOL); neglect or abuse of a resident; fire; unauthorized disclosure of information; damage to or theft of property belonging to a resident or the community residential mental health facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

**"Direct care staff"** means any staff member who, in the performance of his or her routine duties has contact with residents and is required to meet the training requirements for community residential mental health staff as listed in the "Standards and Criteria for Community Mental Health Residential Facilities".

**"Enhanced residential care facility"** means a community residential mental health facility meeting all statutory and regulatory requirements of the ODMHSAS and OSDH and which specifically serves only "Adults who have a serious mental illness" who cannot be accommodated in a non-enhanced community residential mental health facility.

**"General psychiatric psychosocial rehabilitation program"** or **"PSR"** means a type of psychiatric rehabilitation program which focuses on long term recovery and maximization of self-sufficiency, role function and independence. General psychiatric psychosocial rehabilitation programs may be organized within a variety of structures which seek to optimize the participants' potential for occupational achievement, goal setting, skill development and increased quality of life.

**"Health care services"** means services provided by health care professionals and includes, but is not limited to dentists, optometrists, and podiatrists.

**"Independent living skills, assistance in development of"** means all activities directed at assisting individuals in the development of skills necessary to live and function within the community.

**"Integrated Client Information System"** or **"ICIS"** is a comprehensive management information system based on national standards for mental health and substance abuse databases. It is a repository of diverse data elements that provide information about organizational concepts, staffing patterns, client profiles, program or treatment focus, and many other topics of interest to clinicians, administrators and consumers. It includes unique identifiers for agencies, staff and clients that provide the ability to monitor the course of client services throughout the statewide ODMHSAS network. ICIS collects data from hospitals, community mental health centers, substance abuse agencies, domestic violence service providers, community residential mental

health facilities, prevention programs, and centers for the homeless which are operated or funded in part by ODMHSAS.

**"Medication administration technician course"** is an educational program from an institute of higher learning which has been reviewed and approved by the OSDH pursuant to 310:680-11-1 and affords the student a certificate of training in the administration of medication and measuring and documenting vital signs.

**"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

**"Oklahoma Administrative Code"** or **"OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

**"OSDH"** means Oklahoma State Department of Health.

**"Personal care"** means assistance with meals, dressing, movement, bathing, or other personal needs, or general supervision of the physical and mental well-being of a person who is currently unable to maintain a private, independent residence, or who has limited abilities in the managing of his or her person, whether or not a guardian has been appointed for such person.

**"Recovery"** means a journey of healing and transformation enabling a person with a mental health and/or substance abuse diagnosis to live a meaningful life in the community of his or her choice while striving to achieve his or her full potential. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Key characteristics of recovery include:

- (A) Recovery is self directed, personal and individualized (not defined by treatment providers or agencies);
- (B) Recovery is holistic. Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one's life that can include family, work and community;
- (C) Recovery moves beyond symptom reduction and relief (i.e. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of quality and well-being);
- (D) Recovery is both a process of healing (regaining) and a process of discovery (moving beyond);
- (E) Recovery encompasses the possibility for individuals to test, make mistakes and try again; and
- (F) Recovery can occur within or outside the context of professionally directed treatment.

**"Registered/licensed dietitian"** means a person who is registered as a dietitian by the American Dietetic Association and licensed by the Oklahoma Board of Medical Licensure and Supervision.

**"Resident"** means a person residing in a residential care facility certified by ODMHSAS.

**"Resident committee"** or **"Resident government"** means any established group within the facility comprised of residents, led by residents and meets regularly to address resident concerns to support the overall operations of the facility.

**"Residential care facility"** or **"RCF"** means any house, home, establishment or

institution licensed pursuant to the provisions of the Oklahoma Residential Care Home Act 63 O.S., §§ 1-819 through 1-840, other than a hotel, fraternity or sorority house, or college or university dormitory, is certified pursuant to 43 O.S. § 3-315 as a Community Residential Mental Health Facility and offers or provides residential accommodations, food service and supportive assistance to its residents or houses any resident requiring supportive assistance that are ambulatory, essentially capable of managing their own affairs and not routinely requiring nursing care or intermediate care.

**"Restraint"** refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body.

**"Seclusion"** means the placement of an individual or individuals alone in a room or other area from which egress is prevented by a physical barrier.

**"Sentinel event"** is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

**"Socialization activities"** means all activities which encourage interaction and the development of communication, interpersonal, social and recreational skills, and can include client education.

**"Special need (persons with)"** means any persons with a condition which is considered a disability or impairment under the "American with Disabilities Act of 1990" including, but not limited to the deaf or hard of hearing, visually impaired, physically disabled, developmentally disabled, persons with disabling illness, persons with mental illness. See "Americans with Disabilities Handbook," published by U.S. Equal Employment Opportunity Commission and U.S. Department of Justice.

**"Supportive assistance"** means the service rendered to any person which is sufficient to enable the person to meet an adequate level of daily living. Supportive assistance includes but is not limited to housekeeping, assistance in the preparation of meals, assistance in the safe storage, distribution and administration of medications, and assistance in personal care as is necessary for the health and comfort of such person. The term "supportive assistance" shall not be interpreted or applied so as to prohibit the participation of residents in housekeeping or meal preparation tasks as a part of the written treatment plan for the training, habilitation or rehabilitation of the resident prepared with the participation of the resident, the mental health or drug or alcohol services case manager assigned to the resident and the administrator of facility, or his or her designee. Supportive assistance shall not include medical service.

**"Volunteer"** means any individual providing direct services to residents, and who is not on the facility's payroll, but fulfills a defined role within the facility. This definition does not include special entertainment/visiting groups.

## **SUBCHAPTER 5. SERVICES**

**450:16-5-2. ~~Service schedules and documentation~~ Socialization and recreation Services**

(a) Onsite socialization and recreation activities shall be provided by the RCF to residents a minimum of three (3) times per week, and shall occur on separate days. These activities shall total a minimum of three (3) hours of activity per week, and shall be provided in addition to exercise and daily living skills.

(b) Additional activities shall be provided by the RCF, away from the facility, two (2) or more times per week for those who do not attend Clubhouse or general psychiatric rehabilitation programs or for those who choose to attend the activities away from the facility.

(c) To insure variety, a minimum of three (3) of the activities offered per week, exclusive of ADL and exercise, shall be different activities.

(d) Residents shall be involved in the planning of activities.

(e) A monthly calendar of scheduled recreational and social activities shall be developed and posted in each building occupied by residents throughout the RCF.

(f) Calendars of actual recreational and social activities shall be filed at the end of each month and maintained for at least six (6) months following the expiration of the period of certification.

(g) Documentation of the scheduled social and recreation activities shall be made and kept as follows:

(1) There shall be a record of whether, or not, each of the scheduled activities for each month were held.

(2) There shall be a record of the residents' participation in each of the month's scheduled activities.

(3) The records in (1) and (2) shall be retained for at least six (6) months following the expiration of the period of certification.

(h) Compliance with 450:16-5-2 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events, facility attendance sheets, residents' council minutes or compliance with 450:16-29-8, if an Enhanced Residential Care facility. ~~a review of the RCF monthly activity calendars of planned events; case managers, treatment provider staff, and resident interviews.~~

**450:16-5-2.1. ~~Services delivery and documentation~~**

~~(a) Documentation of the scheduled recreational and social activities shall be made and kept as follows:~~

~~(1) There shall be a record of whether, or not, each of the scheduled activities, for each month, were held.~~

~~(2) There shall be a record of the residents' participation in each of the month's scheduled activities.~~

~~(3) The records in 450:16-5-2.1(a)(1) and (2) shall be retained for at least six (6) months following the expiration of the period of certification.~~

~~(b) Compliance with 450:16-5-2.1 shall be determined by a review of the documentation in 450:16-5-2.1(a)(1) and (2).~~

**450:16-5-3. ~~Termination of services to residents~~**

~~(a) In order to protect the resident's rights, and insure involvement of the resident's case~~

~~manager, the RCF shall be required to contact, consult with and obtain the approval of the resident, prior to terminating services to the resident. Consultation with the resident's family or significant other, when involved with the resident's care, and the local and receiving CMHC or other treatment provider prior to moving or relocating any resident who is a mental health client with ODMHSAS shall be documented. No movement or relocation of any mental health client shall be conducted without such prior consultation and approval. If any relevant parties shall disagree with the movement, there shall be substantial reason(s) documented in the RCF's records. If a mental health client is moved or relocated without prior consultation and approval, it shall be deemed a violation of these Standards and Criteria, and grounds for immediate suspension or termination of certification, except for a documented emergency, such as threat, danger, illness, accident or injury affecting the life, health, safety, and well-being of the resident, etc., requiring an immediate relocation of the resident. However, the CMHC or other treatment provider shall be notified immediately.~~

~~(b) In the event of the death of a resident, a summary statement shall be placed in the individual resident's file, and notification made to the Patient Advocate General of ODMHSAS in accordance with 450:16-7-1 and 450:16-7-2.~~

~~(c) Compliance with 450:16-5-3 shall be determined by a review of Patient Advocate General records; resident files; other RCF documentation as relevant and applicable; or resident, family, or significant other interviews.~~

#### **450:16-5-4. Independent Living Skills Development**

(a) The RCF shall provide instruction and assistance in utilization of community resources and activities, such as post office, veteran services, Indian Health services, health fair, county fair, church, and independent housing services.

(b) Residents should receive instruction and assistance in utilization of primary health resources, and in substance disorder recovery resources such as twelve-step or similar support resources as is appropriate and desired by the resident.

(c) The RCF shall offer residents assistance with money management, including budgeting for independent housing, working with landlords, and understanding lease agreements. This assistance shall be offered through individual or group instruction or classes.

(d) Residents shall be individually assisted and instructed regarding activities of daily living, including but not limited to personal hygiene and grooming, a minimum of five (5) days per week.

(e) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding early warning signs of diseases to better educate residents in the identification of possible health problems. Training dates, topic, attendees, and the speaker(s) or trainer(s) shall be documented.

(f) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding psychiatric illnesses and medication, as well as use of and dependence on substances (including nicotine and caffeine) to enable the resident to understand his or her illness and to help residents make better decisions about substance use and psychiatric treatment management in order to help them achieve recovery goals. Training dates, topic, attendees, and the speaker(s) or trainer(s) shall be documented.

(g) Compliance with 450:16-5-4 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; RCF documentation such as calendar of events, residents' council minutes, and other in house documentation.

#### **450:16-5-5. Provision of physical exercise**

(a) The RCF shall offer residents physical exercise a minimum of twenty (20) minutes, three (3) days per week.

(b) Compliance with 450:16-5-5 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.

#### **450:16-5-6. Termination of services to residents**

(a) In order to protect the resident's rights, and insure involvement of the resident's case manager, the RCF shall be required to contact, consult with and obtain the approval of the resident, prior to terminating services to the resident. Consultation with the resident's family or significant other, when involved with the resident's care, and the local and receiving CMHC or other treatment provider prior to moving or relocating any resident who is a mental health client with ODMHSAS shall be documented. No movement or relocation of any mental health client shall be conducted without such prior consultation and approval. If any relevant parties shall disagree with the movement, there shall be substantial reason(s) documented in the RCF's records.

(b) In the event of the death of a resident, a summary statement shall be placed in the individual resident's file, and notification made to the ODMHSAS Office of Consumer Advocacy in accordance with 450:16-7-1.

(c) Compliance with 450:16-5-6 shall be determined by a review of Office of Consumer Advocacy records; resident files; other RCF documentation as relevant and applicable; or resident, family, or significant other interviews.

## **SUBCHAPTER 7. CRITICAL INCIDENTS**

#### **450:16-7-1. Critical incidents**

(a) The RCF shall have written policies and procedures requiring documentation and reporting of critical incidents to ODMHSAS.

(b) The documentation of critical incidents shall contain, at a minimum:

(1) Facility name and signature of the person(s) reporting the incident;

(2) Names of the resident(s), or staff member(s) involved;

(3) Time, date, and physical location of the incident;

(4) Time and date incident was reported and name of person within the facility to whom it was reported;

(5) Description of incident;

(6) Severity of each injury, if applicable. Severity shall be indicated as follows:

(A) No off-site medical care required or first aid care administered on-site;

(B) Medical care by a physician or nurse or follow-up attention required; or

(C) Hospitalization or immediate off-site medical attention was required;

(7) Resolution or action taken, date resolution or action was taken, and signature of the facility administrator.

(c) Critical incidents shall be reported to ODMHSAS with specific timeframes, as follows:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax, or ODMHSAS designated electronic system, to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.

(2) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(d) Compliance with 450:16-7-1 shall be determined by a review of RCF policy and procedures, and critical incident reports at the RCF and those submitted to ODMHSAS.

#### **450:16-7-2. Critical incidents, documentation of**

~~(a) The proper documentation of critical incidents is necessary to promote enhancement of resident care.~~

~~(b) The documentation of critical incidents shall contain, at a minimum:~~

~~(1) The name and signature of the person(s) reporting the incident;~~

~~(2) Identity of each resident or staff member involved;~~

~~(3) Facility name;~~

~~(4) Time and date incident was reported and name of person within the facility to whom it was reported;~~

~~(5) Description of incident;~~

~~(6) Time, place and date incident occurred;~~

~~(7) The severity of each injury, if applicable. Severity shall be indicated as follows:~~

~~(A) No off-site medical care required or first aid care administered on-site;~~

~~(B) Medical care by a physician or nurse or follow-up attention required; or~~

~~(C) Hospitalization or immediate off-site medical attention was required;~~

~~(8) Resolution or action taken, date action taken, and signature of the facility administrator.~~

~~(c) Compliance with 450:16-7-2 shall be determined by a review of the RCF's critical incident reports.~~

#### **450:16-7-3. Critical incidents, reporting of**

~~(a) The RCF shall report the following critical incidents to ODMHSAS.~~

~~(b) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.~~

~~(c) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.~~

~~(d) Compliance with 450:16-7-3 shall be determined by a review of critical incident reports at the RCF and those submitted to ODMHSAS.~~

## SUBCHAPTER 9. LICENSURE

### 450:16-9-1. Licensure

- (a) To insure compliance with the Oklahoma statutes (63 O.S. §§1-820 through 1-840), Department of Health regulations (OAC Title 310, Chapter 680) and protect the rights and safety of residential care clients, RCFs shall be licensed by the Oklahoma State Department of Health.
- (b) Compliance with 450:16-9-1 shall be determined by a review of ~~the RCF's current OSDH documentation supporting that the RCF has a valid license~~ licensure.

## SUBCHAPTER 11. SAFETY

### 450:16-11-1. ~~First aid supplies and fire fighting equipment~~ Emergency equipment

- (a) Residents and staff are entitled to a safe environment and accommodations. Staff of an RCF shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment. First aid supplies and fire fighting equipment shall be located in areas in the RCF as designated by the State Fire Marshall or local authorities.
- (b) The RCF shall have smoke detectors and each smoke detector shall be in working order.
- (c) The RCF shall have battery back-up lights and the back-up lights shall be in working order.
- (d) Compliance with 450:16-11-1 shall be determined by on-site observation a review of RCF training documentation; a review of OSDH reports; ~~staff interviews of staff on duty,~~ but not less than one (1) or more than five (5).

## SUBCHAPTER 13. QUALITY OF LIFE

### 450:16-13-1. Meals

- (a) To insure proper diet and nutrition, residents shall be offered three (3) meals per day, seven (7) days per week.
- (b) Meals must be well balanced and, if required by OSDH, approved by a registered/licensed dietitian.
- (c) Residents shall receive meal servings adequate to satisfy nutritional needs and satisfy hunger.
- (d) Residents must receive between-meal snacks at least one (1) time per day, unless contraindicated due to a special diet approved by a registered/licensed dietitian.
- (e) Meals shall be served in a clean, sanitary environment.
- (f) Compliance with 450:16-13-1 shall be determined by ~~a review of~~ resident, staff and CMHC staff interviews; review of menus with documentation of dietician's approval; comparison of menu with meal served; ~~and review of OSDH inspection reports~~; review of documentation on staff training by dietician; observation of at least one (1) meal; and review of activity and meal schedule.

### 450:16-13-2. Nutrition

- (a) To insure proper nutrition, ~~meals must be well balanced and, if required by OSDH,~~

approved by a registered/licensed dietitian.

~~(b) Compliance with 450:16-13-2 shall be determined by a review of documentation on staff training by dietitian in menu substitutions if facilities provide special diets, review of menu with documentation of dietitian's approval, observation of at least one (1) meal, resident interviews, and review of OSDH inspection reports~~

#### **450:16-13-3. Meal servings**

~~(a) Residents shall receive meal servings adequate to satisfy nutritional needs and satisfy hunger.~~

~~(b) Compliance with 450:16-13-3 shall be determined by a review of menu with documentation of dietitian's approval; observation of at least one (1) meal; resident interviews, staff and CMHC staff interviews, and review of OSDH inspection reports.~~

#### **450:16-13-4. Between-meal snack**

~~(a) Residents must receive between-meal snacks at least one (1) time per day, unless contraindicated due to a special diet approved by a registered/licensed dietitian.~~

~~(b) Compliance with 450:16-13-4 shall be determined by resident, staff and CMHC staff interviews, on-site observation and a review of activity and meal schedule.~~

#### **450:16-13-5. Meal environment**

~~(a) The RCF shall serve meals in a clean, sanitary environment.~~

~~(b) Compliance with 450:16-13-5 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and OSDH documentation.~~

#### **450:16-13-7. Availability of clothing Clothing**

~~(a) The RCF shall assure residents have clothing and shoes appropriate to the season.~~

~~(b) Clothing, including shoes, worn by residents shall be clean, in good repair, and be of appropriate size.~~

~~(c) Residents shall have personal possession of their own clothing unless contraindicated according to RCF documentation, corroborated by CMHC staff.~~

~~(d) The RCF shall have a mechanism for provision of clothing for residents who do not have sufficient or appropriate clothing of their own.~~

~~(e) Compliance with 450:16-13-7 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

#### **450:16-13-8. Availability of shoes**

~~(a) The RCF shall assure residents have shoes appropriate to the season.~~

~~(b) Compliance with 450:16-13-8 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

#### **450:16-13-9. Condition of residents' clothing**

~~(a) Clothing, including shoes, worn by residents shall be clean, in good repair, and be of appropriate size.~~

~~(b) Compliance with 450:16-13-9 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

**~~450:16-13-10. Residents' personal possession of clothing~~**

~~(a) Residents shall have personal possession of their own clothing unless contraindicated according to RCF documentation, corroborated by CMHC staff.~~

~~(b) Compliance with 450:16-13-10 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

**~~450:16-13-11. Provision of clothing~~**

~~(a) The RCF shall have a mechanism for provision of clothing for residents who do not have sufficient or appropriate clothing of their own.~~

~~(b) Compliance with 450:16-13-11 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

**~~450:16-13-12. Grooming and hygiene supplies~~**

~~(a) The RCF shall provide residents with grooming and hygiene supplies, including hair care supplies, as needed. The grooming and hygiene supplies shall take ethnicity and allergies into consideration.~~

~~(b) Compliance with 450:16-13-12 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

**~~450:16-13-13. Training in hygiene issues~~**

~~(a) Hygiene issues and activities of daily living shall be addressed in the activities provided to residents a minimum of five (5) days per week.~~

~~(b) Compliance with 450:16-13-13 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as posted activities schedules.~~

**~~450:16-13-14. Hygiene of residents~~**

~~(a) The RCF shall insure the hygiene and grooming of the residents.~~

~~(b) Compliance with 450:16-13-14 shall be determined by on-site observation; and resident, staff, and CMHC staff interviews.~~

**~~450:16-13-15. Frequency of activities~~**

~~(a) Recreation and socialization activities shall be provided by the RCF to residents a minimum of three (3) times per week excluding exercise and ADL on separate days totaling six (6) hours or more per week.~~

~~(b) Compliance with 450:16-13-15 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.~~

**~~450:16-13-16. Frequency of activities held away from residential care facility~~**

~~(a) Activities shall be provided by the RCF, away from the facility, two (2) or more times per week for those who do not attend Clubhouse or general psychosocial rehabilitation programs or for those who choose to attend the activities away from the facility.~~

~~(b) Compliance with 450:16-13-16 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events~~

and facility attendance sheets or compliance with ~~450:16-29-8~~, if an Enhanced Residential Care facility.

**~~450:16-13-17. Variety of activities~~**

~~(a) To insure variety, the RCF shall provide a minimum of three (3) different activities per week, exclusive of ADL and exercise.~~

~~(b) Compliance with 450:16-13-17 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and residents' council minutes.~~

**~~450:16-13-18. Utilization of community resources~~**

~~(a) The RCF shall provide instruction and assistance in utilization of community resources and activities, such as post office, veteran services, Indian Health Services, health fair, county fair, and church.~~

~~(b) In addition, residents should receive instruction and assistance in utilization of primary health resources, and in substance disorder recovery resources such as twelve-step or similar support resources as is appropriate and desired by the resident.~~

~~(c) Compliance with 450:16-13-18 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and residents' council minutes.~~

**~~450:16-13-19. Resident involvement in activities planning~~**

~~(a) Residents shall be involved in the planning of activities.~~

~~(b) Compliance with 450:16-13-19 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events and residents' council minutes.~~

**~~450:16-13-20. Provision of physical exercise~~**

~~(a) The RCF shall offer residents physical exercise a minimum of twenty (20) minutes, three (3) days per week.~~

~~(b) Compliance with 450:16-13-20 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.~~

**~~450:16-13-22. Assistance with money management~~**

~~(a) The RCF shall offer residents assistance with money management through individual or group instruction or classes.~~

~~(b) Compliance with 450:16-13-22 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and a review of RCF documentation.~~

**~~450:16-13-24. Activities of daily living~~**

~~(a) Residents shall be individually assisted and instructed regarding activities of daily living a minimum of five (5) days per week.~~

~~(b) Compliance with 450:16-13-24 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation such as calendar of events.~~

**~~450:16-13-25. Hair care~~**

- ~~(a) The RCF shall provide residents with basic hair care.~~  
~~(b) Compliance with 450:16-13-25 shall be determined by on-site observation; resident, staff, and CMHC staff interviews; and RCF documentation.~~

**450:16-13-27. ~~Bed linens, pillows~~ Linens**

- (a) The RCF shall provide bed linens, to minimally include, bedspreads, upper and bottom bed sheets, and pillow cases. Blankets should be provided if requested by the resident. All bed linens shall be clean and in good repair.  
(b) The RCF shall provide pillows, which are clean and in good repair.  
(c) The RCF shall provide sufficient clean towels and wash cloths to all residents as needed.  
(d) Compliance with 450:16-13-27 shall be determined by on-site observation; and a review of OSDH reports.

**450:16-13-27.1. ~~Bed linens~~**

- ~~(a) The RCF shall provide bed linens, to minimally include, bedspreads, upper and bottom bed sheets, and pillow cases. Blankets should be provided if requested by the resident. All bed linens shall be clean and in good repair.~~  
~~(b) Compliance with 450:16-13-27.1 shall be determined by on-site observation of residents' beds; and a review of OSDH reports.~~

**450:16-13-28. ~~Towels and washcloths~~**

- ~~(a) The RCF shall provide sufficient clean towels and wash cloths to all residents as needed.~~  
~~(b) Compliance with 450:16-13-28 shall be determined by on-site observation; and a review of OSDH reports.~~

**450:16-13-33. Cleanliness and condition, facility – indoor odors**

- (a) The indoor environment of the RCF shall be free from offensive odors, and free from any accumulation of dirt, rubbish, and dust.  
(b) The exterior environment of the RCF shall be free from an accumulation rubbish, and safety hazards.  
(c) The furniture of the RCF shall be clean and in good repair.  
(d) The floors of the RCF shall be clean and in good repair.  
(e) The walls of the RCF shall be clean and in good repair.  
(f) The ceilings of the RCF shall be clean and in good repair.  
(g) Compliance with 450:16-13-33 shall be determined by on-site observation; and a review of OSDH reports.

**450:16-13-33.1. ~~Cleanliness, facility indoor environment~~**

- ~~(a) The indoor environment of the RCF shall be free from any accumulation of dirt, rubbish, and dust.~~  
~~(b) Compliance with 450:16-13-33.1 shall be determined by on-site observation; and a review of OSDH reports.~~

**450:16-13-33.2. ~~Cleanliness, facility exterior environment~~**

~~(a) The exterior environment of the RCF shall be free from an accumulation rubbish, and safety hazards.~~

~~(b) Compliance with 450:16-13-33.2 shall be determined by on-site observation; and a review of OSDH reports.~~

**~~450:16-13-33.3. Cleanliness and condition, of facility furniture~~**

~~(a) The furniture of the RCF shall be clean and in good repair.~~

~~(b) Compliance with 450:16-13-33.3 shall be determined by on-site observation; and a review of OSDH reports.~~

**~~450:16-13-34. Floors~~**

~~(a) The floors of the RCF shall be clean and in good repair.~~

~~(b) Compliance with 450:16-13-34 shall be determined by on-site observation; and a review of OSDH reports.~~

**~~450:16-13-35. Walls~~**

~~(a) The walls of the RCF shall be clean and in good repair.~~

~~(b) Compliance with 450:16-13-35 shall be determined by on-site observation; and a review of OSDH reports.~~

**~~450:16-13-35.1. Ceilings~~**

~~(a) The ceilings of the RCF shall be clean and in good repair.~~

~~(b) Compliance with 450:16-13-35.1 shall be determined by on-site observation; and a review of OSDH reports.~~

**~~450:16-13-36. Indoor recreational Recreational equipment~~**

~~(a) The RCF shall make available indoor recreational equipment such as, but not limited to, crafts, checkers, and other board games, to the residents.~~

~~(b) The RCF shall make available outdoor recreational equipment such as, but not limited to, horseshoes, badminton, and volleyball, to the residents.~~

~~(c) Compliance with 450:16-13-36 shall be determined by on-site observation.~~

**~~450:16-13-37. Outdoor recreational equipment~~**

~~(a) The RCF shall make available outdoor recreational equipment such as, but not limited to, horseshoes, badminton, and volleyball, to the residents.~~

~~(b) Compliance with 450:16-13-37 shall be determined by on-site observation.~~

**~~450:16-13-38. Smoke detectors~~**

~~(a) The RCF shall have smoke detectors and each smoke detector shall be in working order.~~

~~(b) Compliance with 450:16-13-38 shall be determined by on-site observation; and a review of OSDH reports.~~

**~~450:16-13-39. Battery back-up lights~~**

~~(a) The RCF shall have battery back-up lights and the back-up lights shall be in working order.~~

~~(b) Compliance with 450:16-13-39 shall be determined by on-site observation.~~

**450:16-13-40. Fire extinguishers**

~~(a) The RCF shall have fire extinguishers and each extinguisher shall be checked and maintained yearly.~~

~~(b) Compliance with 450:16-13-40 shall be determined by on-site observation.~~

**450:16-13-45. Health education**

~~(a) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding early warning signs of diseases to better educate residents in the identification of possible health problems.~~

~~(b) The RCF shall document the dates, topic, attendees, and the speaker(s) or trainer(s) of the instruction.~~

~~(c) Compliance with 450:16-13-45 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.~~

**450:16-13-46. Mental health and substance abuse education**

~~(a) The RCF shall provide or arrange for instruction to residents on at least a quarterly basis regarding psychiatric illnesses and medication, as well as use of and dependence on substances (including nicotine and caffeine) to enable the resident to understand his or her illness and to help residents make better decisions about substance use and psychiatric treatment management in order to help them achieve recovery goals.~~

~~(b) The RCF shall document the dates, topic, attendees, and the speaker(s) or trainer(s) of the instruction.~~

~~(c) Compliance with 450:16-13-46 shall be determined by resident, staff, and appropriate CMHC staff interviews; and a review of in-house documentation.~~

**450:16-13-48. Medication**

~~(a) The RCF shall comply with all OSDH medication regulations and have a current OSDH report free of medication related deficiencies.~~

~~(b) RCF staff persons who have successfully completed medication administration technician training, or appropriately licensed personnel, shall administer medications.~~

~~(c) Compliance with 450:16-13-48 shall be determined by a review of OSDH inspection reports; a review of the RCF's medication administration documentation and personnel records; and staff and resident interviews.~~

**450:16-13-48.1. Medication, administration**

~~(a) RCF staff persons who have successfully completed medication administration technician training shall administer medications.~~

~~(b) Compliance with 450:16-13-48.1 shall be determined by staff and resident interviews, a review of OSDH site inspection reports, a review of the RCF's medication administration documentation and personnel records.~~

**450:16-13-49. Quality of life, pre-annual recertification**

~~(a) To encourage maintenance of, and foster continued improvement in, quality of resident care, compliance with Sections 450:16-13-1 through 450:16-13-48 shall be~~

~~reviewed and assessed during an unannounced site visit prior to the annual recertification review visit.~~

~~(b) A written report of the results of this review may be provided to the facility, the ODMHSAS Board, or other authorities as appropriate.~~

## **SUBCHAPTER 15. RESIDENT RIGHTS**

### **450:16-15-1. Resident rights**

Each facility certified by or under contract with ODMHSAS shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights, including but not limited to rules for resident's grievance policy.

### **450:16-15-5. Resident's grievance policy**

~~(a) Each RCF shall comply with the applicable rules in Title 450, Chapter 15. Consumer Rights.~~

## **SUBCHAPTER 23. TRANSPORTATION**

### **450:16-23-1. Transportation**

(a) The RCF shall provide or arrange transportation for residents for essential ~~community~~ community based services as defined in the residents outpatient behavioral health treatment plan, including but not limited to behavioral health rehabilitation services, medical clinic, lab, intake and assessment, and crisis intervention services and transportation for other required local routine medical examinations and care. Such transportation shall be at no cost to the residents.

(b) All staff persons who drive RCF vehicles in the transportation of the residents shall have a valid and appropriate Oklahoma driver's license (i.e., a bus driver must have a commercial chauffeur's license).

(c) RCF staff who transport residents shall be currently certified in first aid and cardiopulmonary resuscitation (CPR).

(d) Compliance with 450:16-23-1 shall be determined by a review of RCF documentation; staff interviews; client interviews; and appropriate CMHC staff interviews.

## **SUBCHAPTER 27. BEHAVIOR**

### **450:16-27-1. Punishment abuse**

~~(a) The RCF shall have written policies and procedures regarding client behavior, strictly prohibiting certain actions which shall include, but are not limited to:~~

~~(1) Corporal punishment;~~

~~(2) Abuse;~~

~~(3) Verbal abuse; or~~

~~(4) Any other action that is, or could be, potentially harmful to the resident.~~

~~(b) Compliance with 450:16-27-1 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and appropriate CMHC staff interviews.~~

#### **~~450:16-27-2. Discipline or supervision by residents~~**

- ~~(a) Residents shall not discipline or supervise other residents.~~  
~~(b) RCF policy should clearly state that at no time may an RCF resident supervise or discipline another RCF resident.~~  
~~(c) Compliance with 450:16-27-2 shall be determined by a review of RCF documentation (policies and procedures, rules, other); resident interviews; staff interviews; and appropriate CMHC staff interviews.~~

#### **~~450:16-27-3. Seclusion and restraints~~**

- ~~(a) Seclusion or chemical, mechanical or physical restraint of residents is prohibited.~~  
~~(b) Compliance with 450:16-27-3 shall be determined by a review of RCF documentation of prohibition; resident interviews; staff interviews; and appropriate CMHC staff interviews.~~

#### **~~450:16-27-4. Denial or withholding of food~~**

- ~~(a) RCF staff shall not deny a resident a nutritionally adequate daily diet, e.g., a resident who is habitually late for meals shall not be denied food as a means of encouraging promptness.~~  
~~(b) Compliance with 450:16-27-4 shall be determined by a review of RCF documentation; resident interviews; staff interviews; and appropriate CMHC staff interviews.~~

#### **450:16-27-5. Resident Behavior**

- (a) The RCF shall have written policies and procedures regarding resident behavior, strictly prohibiting certain actions which shall include, but are not limited to:
- (1) Corporal punishment;
  - (2) Abuse;
  - (3) Verbal abuse;
  - (4) Seclusion or chemical, mechanical or physical restraint of residents; or
  - (5) Any other action that is, or could be, potentially harmful to the resident.
- (b) RCF policy should clearly state that at no time may an RCF resident supervise or discipline another RCF resident.
- (c) RCF staff shall not deny a resident a nutritionally adequate daily diet, e.g., a resident who is habitually late for meals shall not be denied food as a means of encouraging promptness.
- (d) Compliance with 450:16-27-5 shall be determined by a review of RCF documentation (policies and procedures, rules, other); resident interviews; staff interviews; and appropriate CMHC staff interviews.

### **SUBCHAPTER 29. ENHANCED RESIDENTIAL CARE**

#### **~~450:16-29-5. General admission criteria for Enhanced RCFs~~**

- ~~(a) Individuals to be served by the Enhanced RCF shall be adults who have a serious mental illness.~~

~~(b) Compliance with 450:16-29-5 shall be determined by a review of the ICIS client data core from the referring hospital or CMHC as found in the Enhanced RCF records.~~

#### **450:16-29-7. Admission criteria for Enhanced RCFs**

(a) Individuals to be served by the Enhanced RCF shall be adults who have a serious mental illness.

(b) The Enhanced RCF shall have written admission criteria.

(1) This written admission criteria shall be on file and accessible at the Enhanced RCF to ODMHSAS staff.

(2) The criteria shall indicate the Enhanced RCF serves individuals who cannot be accommodated in a RCF, a lesser intensive residential service setting or based on the judgment of the individual's treatment team from the referring CMHC or the ODMHSAS inpatient unit that a RCF or other placement would not provide the structured environment needed by the consumer at this time.

(c) Compliance with 450:16-29-7 shall be determined by a review of, the written admission criteria, resident interviews, client records showing prior failed placements, ~~ICIS~~ ODMHSAS client data cores, correspondence or minutes of meetings between the RCF and CMHC, and CMHC staff interviews.

#### **450:16-29-8. Enhanced RCF activities**

(a) Enhanced RCF activities shall include a minimum of three (3) on-site activities and two (2) activities away from the RCF per week. These activities shall be separate weekly-scheduled, structured and supervised group activities, and conducted on two (2) different days of each week. ~~These group activities shall total at least twelve (12) hours of activity per week, which shall include at least two (2) activities away from the RCF.~~

(1) Group activities shall be accessible to all residents.

(2) Activities shall be in addition to exercise and daily living skills training.

(3) Activities shall be age appropriate.

(4) Activities should be based on resident's individual and collective preferences.

(b) Compliance with 450:16-29-8 shall be determined by a review of activities calendar, residents' files, and interviews with residents, staff and CMHC staff.

#### **450:16-29-9. Training requirements, enhanced RCF administrators**

~~Administrators of an Enhanced RCF shall comply with the requirements of section 450:16-21-4.~~

### **SUBCHAPTER 30. PRE-ANNUAL RECERTIFICATION**

#### **450:16-30-1. Pre-annual recertification**

(a) To encourage maintenance of, and foster continued improvement in, quality of resident care, compliance with Subchapters 5 (Services) and 13 (Quality of Life) shall be reviewed and assessed during an unannounced site visit prior to the annual recertification review visit.

(b) A written report of the results of this review may be provided to the facility, the ODMHSAS Board, or other authorities as appropriate.